

GREETINGS FASIG MEMBERS!

This issue we have an important message from Dr. Jeff Houck about the importance of person centered outcomes and how use of them might enhance your patient care. Enjoy and I look forward to seeing many of you at CSM in Boston!

*Enjoy!
Frank*

PATIENT PERCEPTIONS ARE AS IMPORTANT AS PERFORMANCE?

Jeff Houck, PT, PhD, Program Director
School of Physical Therapy
jhouck@georgefox.edu
PROMIS Health Organization member

We are in a time in health care where outcome data are plentiful. We can choose a variety of outcomes to assess our care and track it via digital means. The outcome measures vary in purpose, as some focus on patient experience (Consumer Assessment of Health Care Providers and Systems [CAHCPS]); <https://www.cms.gov/research-statistics-data-and-systems/research/cahps>), others on disease specific measures that track perceptions of function of a body region or disease (eg, Foot and Ankle Ability Measure [FAAM]),¹ and others focus on person centered outcomes to track perceptions of function and symptoms (Patient Reported Outcome Measurement Information System; <https://www.healthmeasures.net/explore-measurement-systems/promis>). All of these measures, CAHCPS, FAAM, PROMIS, are currently stored digitally for assessing healthcare outcomes.

Assessing outcomes at the “whole person” level is likely relatively new to most therapists.² It shifts the goal of therapy to influence the person’s overall participation in meaningful life pursuits rather than function of a specific region (ie, foot pain or function) or a disease process (eg, diabetes).² For example, PROMIS physical function and pain interference outcomes after ankle arthroplasty showed patients perceived less pain interference but similar physical function at long term follow-up.³ Another convenience of the PROMIS measure is that they are computer adaptive, resulting in measures that have minimal floor and ceiling effects and take ~1 minute to deliver per health domain (eg, fatigue, depression, pain, physical function). The easy availability of the PROMIS person centered measures is new and convenient for physical therapists and other providers. The PROMIS measure are thought to expand the “patients voice” in their care (<https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0287>). Consider that without these outcomes, information in the medical record is derived from providers not patients. Patient reported outcomes are changing the landscape of health care by providing “person level” outcomes from patients about their experience with the health system and disease.

Clinicians are recognizing that patient perceptions of function and symptoms are as important as measured performance. Physical therapy care efficiently captures a patient’s ability and limita-

tions based on measures of impairment (eg, ROM, strength) and performance (eg, timed up and go or 30 s sit to stand). Perceptions of ability and limitations captured with an outcome instrument like the PROMIS physical function measure might not agree with assessments of impairment or performance.⁴ This presents a conundrum to the physical therapist about which outcome they should focus on, perceptions or performance or both. We are learning that both perceptions and performance are valuable for clinical decisions. When perceptions of physical function are low and performance is high, a patient may lack confidence or other symptoms not assessed may be limiting the perceptions of their ability. When perceptions of physical function are high and performance is low, patients may not be accepting their current limitations. Recognizing the value of perceptions of function and symptoms alongside assessment of impairments and performance is a significant shift in clinical care.

The PROMIS measure are a good example of person centered outcome measures that are capable of capturing a spectrum of function and symptoms that patients with musculoskeletal problems experience. Authors have shown that person centered PROMIS measures of perceptions of physical function and pain interference in foot and ankle patients correlate well with disease specific measures,⁵ are responsive to change,⁶ and influence surgical decisions.^{3,7-10} When the outcomes selected are expanded to include additional physical, mental and social health measures, the clinical importance of other health domains are evident.¹¹ Incorporating a PROMIS outcome, as an example, captures health domains early in the course of care (ie, at the initial evaluation), alerting the clinician to function and symptoms (ie, fatigue and Self Efficacy of Symptom Management) that they may not typically screen for. Awareness of the range of function and symptoms the patient is experiencing helps focus the assessment and address the patients’ perceptions of their ability and limitations during care (see Example).^{12,13}

While PROMIS outcomes are still evolving as an option for physical therapy care,¹⁴ experience suggests they are effective in patients with multiple musculoskeletal problems including foot and ankle pathologies. They also are ideal for patients that have multiple diagnoses as they measure the overall outcome, including the interacting effects of different health and personal issues.

REFERENCES

1. Martin RL, Irrgang JJ, Burdett RG, Conti SF, Van Swearingen JM. Evidence of validity for the Foot and Ankle Ability Measure (FAAM). *Foot Ankle Int*. 2005;26(11):968-983. doi:10.1177/107110070502601113
2. Hutting N, Caneiro JP, Ong'wen OM, Miciak M, Roberts L. Person-centered care for musculoskeletal pain: Putting principles into practice. *Musculoskelet Sci Pract*. 2022;62:102663. doi:10.1016/j.msksp.2022.102663
3. Kohring JM, Houck JR, Oh I, Flemister AS, Ketz JP, JBaumhauer JF. Pattern of recovery and outcomes of patient reported physical function and pain interference after ankle

Example patient information available to the clinician prior to starting their initial evaluation:

Patient: 58-year-old male, BMI 30 kg/m², 12 weeks s/p ORIF R Ankle

PROMIS outcomes

Physical Function = 39 (1.1 standard deviations lower than U.S. average)

Pain Interference = 60 (1.2 standard deviations higher than the U.S. average)

Fatigue = 65 (1.5 standard deviations higher than the U.S. average)

Self-Efficacy of Symptom Management = 35 (1.5 standard deviations lower than others with chronic conditions)

Interpretation: Patient perceives all domains as problematic. Patient low confidence in their ability to manage symptoms and high fatigue symptoms are possibly more problematic than physical function or pain. Determining what's causing the low confidence and fatigue symptoms will be an important aspect of the evaluation.

fusion: a retrospective cohort study. *J Patient-Rep Outcomes*. 2020;4(1):40. doi:10.1186/s41687-020-00203-y

4. Houck J, Jacobson R, Bass M, Dasilva C, Baumhauer JF. Improving Interpretation of the Patient-Reported Outcomes Measurement Information System (PROMIS) Physical Function Scale for Specific Tasks in Community-Dwelling Older Adults. *J Geriatr Phys Ther*. 2020;43(3):142-152. doi:10.1519/JPT.0000000000000220
5. Bernstein DN, Kelly M, Houck JR, et al. PROMIS Pain Interference Is Superior vs Numeric Pain Rating Scale for Pain Assessment in Foot and Ankle Patients. *Foot Ankle Int*. 2019;40(2):139-144. doi:10.1177/1071100718803314
6. Neville C, Baumhauer J, Houck J. Are Patient Reported Outcome Measurement Information System scales responsive in patients attending physical therapy with foot and ankle diagnoses. *Physiother Theory Pract*. 2023;39(7):1493-1503. doi:10.1080/09593985.2022.2037116
7. Anderson MR, Baumhauer JF, Digiovanni BF, et al. Determining Success or Failure After Foot and Ankle Surgery Using Patient Acceptable Symptom State (PASS) and Patient Reported Outcome Information System (PROMIS). *Foot Ankle Int*. 2018;39(8):894-902. doi:10.1177/1071100718769666
8. Anderson MR, Houck JR, Saltzman CL, et al. Validation and generalizability of preoperative PROMIS scores to predict postoperative success in foot and ankle patients. *Foot Ankle Int*. 2018;39(7):763-770. doi:10.1177/1071100718765225
9. Joo PY, Baumhauer JF, Waldman O, et al. Physical function and pain interference levels of hallux rigidus patients before and after synthetic cartilage implant vs arthrodesis surgery. *Foot Ankle Int*. 2021;42(10):1277-1286. doi:10.1177/10711007211007843
10. MacDonald A, Houck J, Baumhauer JF. Role of patient-reported outcome measures on predicting outcome of bunion surgery. *Foot Ankle Int*. 2020;41(2):133-139. doi:10.1177/1071100719886286
11. Diliberto FE, Aslan DH, Houck JR, Ho BS, Vora AM, Haddad SL. Overall health and the influence of physical therapy on physical function following total ankle arthroplasty. *Foot Ankle Int*. 2020;41(11):1383-1390. doi:10.1177/1071100720942473
12. Jacobson RP, Kang D, Houck J. Can Patient-Reported Outcomes Measurement Information System® (PROMIS) measures accurately enhance understanding of acceptable symptoms and functioning in primary care? *J Patient-Reported Outcomes*. 2020;4(1):39. doi:10.1186/s41687-020-00206-9
13. Houck J, Kang D, Cuddeford T, Rahkola S. Ability of Patient-Reported Outcomes to Characterize Patient Acceptable Symptom State (PASS) after attending a primary care physical therapist and medical doctor collaborative service: a cross-sectional study. *Arch Phys Med Rehabil*. 2019;100(1):60-66. doi:10.1016/j.apmr.2018.07.443
14. Horn ME, Reinke EK, Couce LJ, Reeve BB, Ledbetter L, George SZ. Reporting and utilization of Patient-Reported Outcomes Measurement Information System® (PROMIS®) measures in orthopedic research and practice: a systematic review. *J Orthop Surg Res*. 2020;15(1):533. doi:10.1186/s13018-020-02068-9